

SERFF Tracking Number: CMPL-127128502 State: Arkansas  
Filing Company: Combined Insurance Company of America State Tracking Number: 48509  
Company Tracking Number: CICA DILLARDS CRIT COND REV CERT  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: CICA Dillards Crit Cond Rev Cert  
Project Name/Number: CICA Dillards Crit Cond Rev Cert /CICA Dillards Crit Cond Rev Cert

## Filing at a Glance

Company: Combined Insurance Company of America

Product Name: CICA Dillards Crit Cond Rev Cert SERFF Tr Num: CMPL-127128502 State: Arkansas

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 48509  
Limited Benefit Closed

Sub-TOI: H07G.001 Critical Illness Co Tr Num: CICA DILLARDS CRIT State Status: Approved-Closed  
COND REV CERT

Filing Type: Form

Author: Nancy French

Date Submitted: 04/15/2011

Reviewer(s): Rosalind Minor

Disposition Date: 04/19/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CICA Dillards Crit Cond Rev Cert

Project Number: CICA Dillards Crit Cond Rev Cert

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/19/2011

State Status Changed: 04/19/2011

Created By: Nancy French

Corresponding Filing Tracking Number:

Filing Description:

Combined Insurance Company of America

NAIC # 626-62146 FEIN # 36-2136262

Single Case Filing

Group Specified Critical Condition Certificate, Form C16636

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Nancy French

Dear Commissioner:

SERFF Tracking Number: CMPL-127128502 State: Arkansas  
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Compliance Research Services is pleased to submit the enclosed forms on behalf of Combined Insurance Company of America (Combined). A letter of filing authorization is enclosed.

This is a re-submission of a group insurance certificate recently approved by your Department. It was approved on a single case basis under SERFF CMPL-127031623 on 02/25/2011 . Coverage will be offered to employees of Dillard's department stores who reside in your state. Dillard's is incorporated in Arkansas.

Since receiving the approval it has come to our attention that that the certificate did not include two definitions that should be included. We ask that you consider the attached version of the form in its place. The corrected version includes definitions of "Severe Burns" and "Stroke" in the Section One Benefits description on page 7. No other changes have been made.

The original certificate has not been issued and we ask your approval of the attached revised version with no change in form number.

The form is new and is not intended to replace any forms currently on file with your Department. The form is designed to meet the minimum Flesch score requirements of your state. A certificate of readability is enclosed.

We have enclosed any transmittals and certifications required by your state.

If you have any questions concerning this filing, please contact me at the phone number or email address shown below.

Sincerely,

J. David Simon, CLU  
President

## Company and Contact

### Filing Contact Information

Nancy French, Product Manager  
10921 Reed Hartman Highway  
Suite 334  
Cincinnati, OH 45242

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513-984-7212 [FAX]

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### Filing Company Information

(This filing was made by a third party - complianceresearchservicesllc)

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
c/o CRS 10921 Reed Hartman Hwy	Group Code: 626	Company Type: L&H
Suite 334	Group Name:	State ID Number:
Cincinnati, OH 45242	FEIN Number: 36-2136262	
(513) 984-6050 ext. [Phone]		

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	home state of Illinois fee is \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	04/15/2011	46612975

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/19/2011	04/19/2011

<i>SERFF Tracking Number:</i>	<i>CMPL-127128502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48509</i>
<i>Company Tracking Number:</i>	<i>CICA DILLARDS CRIT COND REV CERT</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>CICA Dillards Crit Cond Rev Cert</i>		
<i>Project Name/Number:</i>	<i>CICA Dillards Crit Cond Rev Cert /CICA Dillards Crit Cond Rev Cert</i>		

## Disposition

Disposition Date: 04/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPL-127128502 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Supporting Document	Certif of Compliance with Rule 19	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: C16636

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/19/2011	C16636	Certificate	Certificate	Revised	Replaced Form #: C16636 Previous Filing #: CMPL-127031623	42.000	Certificate rev3-30-11.pdf



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation  
(herein called Combined, We, Our or Us)  
Home Office: [111 East Wacker • Suite 700 • Chicago, Illinois 60601  
]  
Policyholder Service Center: [P. O. Box 1160 • Glenview, IL 60025-8160  
1-800-544-9382 ]

## **LIMITED BENEFIT HEALTH INSURANCE COVERAGE SPECIFIED CRITICAL CONDITION CERTIFICATE**

### **THE GROUP POLICY DOES NOT PAY BENEFITS FOR LOSS OF LIFE.**

This certificate of insurance summarizes the insurance coverage provided under the Group Policy. We have issued this certificate to the Certificateholder based on the information provided in the Certificateholder's Enrollment Form (referred to as "Enrollment Form") and in the Policyholder's Group Application. The Policyholder is shown in the certificate schedule. A copy of the Group Policy is on file at the offices of the Policyholder and may be examined at any time during normal business hours.

**Please read this certificate carefully.** The Certificateholder has benefits and rights described in this certificate. The beneficiary is as named in the Enrollment Form. While the certificate is in force, Combined agrees to pay benefits to a Covered Person, subject to the provisions of the Group Policy. Benefits will be paid for the losses sustained by a Covered Person in accordance with the Certificate Schedule.

**Refund Privilege.** The Certificateholder may return this certificate within 30 days after its delivery for a refund of any premium paid. We will treat the certificate as if it had never been issued. It can be mailed to Combined's Policyholder Service Center Office or returned to our agent.

**PRE-EXISTING AND WAITING PERIOD CONDITION LIMITATIONS.** A Pre-existing Condition or Waiting Period Condition will be considered a Covered Loss if loss caused by such condition begins after 24 months from the Certificate Effective Date.

For Combined Insurance Company of America

[

Chairman and  
Chief Executive Officer

Secretary]



## **GUIDE TO CERTIFICATEHOLDER'S CERTIFICATE**

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## CERTIFICATE SCHEDULE

POLICYHOLDER: [Dillard's Company ] CERTIFICATEHOLDER: [John Doe]  
GROUP POLICY NO: [P16636] CERTIFICATE  
EFFECTIVE DATE: [7-17-11]  
CERTIFICATE  
NUMBER: [1234567] COVERAGE: [Insured]  
[Insured/[Spouse/Domestic/Ci  
vil Union Partner]]  
[Single Parent] [Family]  
RATING CLASS:  
[194047 Pre-Existing Condition Waiver]

### SECTION ONE

#### SCHEDULED BENEFIT AMOUNT

Certificateholder	[\$100,000]	
[Spouse/Domestic/Civil Union Partner]		[100%] of Certificateholder Benefit Amount
Each Child	[\$10,000]	

The Scheduled Benefit Amount is the lifetime maximum benefit amount payable under the Group Policy upon the diagnosis and/or treatment of the Covered Loss. The Scheduled Benefit Amount paid for a Covered Person under this Section One will be reduced by any Benefit Amount paid for that Covered Person under Section Two.

If the Certificateholder receives a Section One Benefit, the Certificateholder's coverage shall terminate. If the Certificateholder's [Spouse/Domestic/Civil Union Partner] and/or children are covered at that time, such [Spouse/Domestic/Civil Union Partner] and/or child(ren) will continue provided premiums for the applicable coverage's continue to be paid .

If multiple children are covered under this Certificate, a separate Section One Benefit is available for each child and payment of a benefit for one child will not affect any other covered Child's eligibility for such a benefit. If a child receives a Section One Benefit, that child's coverage shall terminate. Coverage for other covered Children will continue provided premiums for the applicable coverage's continue to be paid.

If the [Spouse/Domestic/Civil Union Partner] receives a Section One Benefit, the [Spouse/Domestic/Civil Union Partner]'s coverage shall terminate.

Benefit payment is for **one** of the following Covered Losses:

**Blindness**

**Brain Tumor**

**Cancer (excluding Skin Cancer, Stage A Prostate Cancer and Carcinoma In-Situ)**

**Heart Attack**

**Heart Surgery**

**Kidney Failure**

**Multiple Sclerosis**

**Organ Transplant - Heart, Kidney, Liver, Lung, Pancreas**

**Paralysis or Dismemberment - 2 or more limbs**

**Severe Burns**

**Stroke**

## CERTIFICATE SCHEDULE (Continued)

### **SECTION TWO**

#### **BENEFIT AMOUNT**

Certificateholder	[25% of Section One Benefit Amount]
[Spouse/Domestic/Civil Union Partner]	[25% of Section One Benefit Amount]
Each Child	[25% of Section One Benefit Amount]

The Section Two Benefit Amount is the lifetime maximum benefit amount payable under the Group Policy upon the diagnosis and treatment of Stage A Prostate Cancer or Carcinoma In-Situ.

**This benefit is payable for only one condition under this Section Two and will only be paid one time while coverage under the Group Policy is in force.** Coverage under the Group Policy does not terminate upon the payment of the Section Two Benefit Amount. The amount of the benefit paid under this Section Two will reduce the Scheduled Benefit Amount paid under Section One.

## INTRODUCTION

This coverage provides benefits for the specified critical conditions. Maximum benefits amounts are listed on the Certificate Schedule. The first premium payment is due on the Certificate Effective Date. Subsequent premiums may be paid at any time while the certificate is in effect, but no later than the last day of the applicable grace period. In return for these premiums and the Enrollment Form, we provide certain benefits.

As used in this certificate, Certificateholder refers to the insured employee. The Certificateholder is named in the Certificate Schedule. You or Yours refers to the Certificateholder. **We, us** or **our** refers to Combined Insurance Company of America.

### The Contract and Its Parts

**Entire Contract** means the Group Policy issued to the Policyholder and this certificate issued to the Certificateholder, along with the Group Application and attached Enrollment Form (or any subsequent Enrollment Form), and any riders or endorsements.

**Certificate** means this document which describes the insurance coverage.

We will not use any statement in the original Enrollment Form or a supplemental Enrollment Form to deny a claim unless a copy of such Enrollment Form was attached to this certificate when issued or delivered. We will not use any statement in an individual reinstatement Enrollment Form to deny a claim unless a copy of such reinstatement Enrollment Form was sent to the Certificateholder when the certificate was reinstated.

An agent cannot change this certificate. Any change to it must be in writing and approved by our Home Office. **READ ALL CERTIFICATEHOLDER DOCUMENTS CAREFULLY.**

### Dates Used in the Certificate

The certificate goes into effect on the Certificate Effective Date. Certificate years and anniversaries are measured from this date.

## DEFINITIONS

**“Covered Loss”** is a loss, as described in Section One or Two, that is diagnosed and/or treated in accordance with the requirements of the subsection describing the specific loss. A Covered Loss is not a loss that is a Pre-existing Condition or Waiting Period Condition, however a Pre-existing Condition or Waiting Period Condition will be considered a Covered Loss if loss caused by such condition begins after 24 months from the Certificate Effective Date.

**“Covered Person”** is the Certificateholder and any covered dependents.

**“Hospital”** is an institution located in the United States or Canada which meets all of the following requirements: (a) operates pursuant to state or provincial law for Hospitals located in the United States or Canada; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and (e) has a staff of at least one licensed Physician available at all times.

**“Hospital”** does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

**“Physician”** means a licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or sickness. It does not include you or a member of your family.

**“Pre-existing Condition”** means a condition for which a Covered Person received medical advice or treatment within the 24 months preceding the Certificate Effective Date or showed symptoms within 24 months prior to the Certificate Effective Date that would have caused an ordinarily prudent person to seek medical advice or treatment. A Pre-existing Condition does not include any condition fully disclosed in the Enrollment Form.

**“Scheduled Benefit Amount”** means the lifetime maximum benefit amount payable under the Group Policy.

**“Waiting Period”** means the first 30 days after the Certificate Effective Date.

**“Waiting Period Condition”** means a condition for which a Covered Person received medical advice or treatment within 30 days after the Certificate Effective Date or if it showed symptoms within 30 days after the Certificate Effective Date that would have caused an ordinarily prudent person to seek medical advice or treatment.

## **SECTION ONE BENEFIT**

Combined agrees to pay the Covered Person, subject to the terms and limitations of this Certificate, a benefit for one of the following Covered Losses sustained by a Covered Person after the Waiting Period while coverage under the Group Policy is in force. **Upon the diagnosis and/or treatment of the Covered Loss, the Covered Person will receive the Scheduled Benefit Amount shown in the Certificate Schedule, less any Benefit Amount paid under the Section Two Benefit.**

**Coverage under the Group Policy for a Covered Person will terminate upon payment under this Section One.**

### **Covered Loss**

#### **Blindness**

“Blindness” means total and permanent loss of sight in both eyes, measured as visual acuity of 20/200 or worse, corrected, in each eye which is diagnosed by a Physician.

#### **Brain Tumor**

“Brain Tumor” means a benign tumor of the brain which is diagnosed by a Physician and which is determined to require the performance of surgery.

#### **Cancer**

“Cancer” means leukemia or Hodgkin’s Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells. Unless covered under Section Two, **skin cancer is not covered under the Group Policy.** “Skin Cancer” is any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma. **Stage A Prostate Cancer and Carcinoma In-Situ are not covered under this Section One Benefit.**

#### **Heart Attack**

“Heart Attack” means acute myocardial infarction, acute coronary thrombosis, or acute coronary occlusion which results in the death of a portion of the heart muscle. The Heart Attack must be diagnosed by a Physician based upon an electrocardiogram (EKG) and elevated cardiac enzyme above generally accepted laboratory levels of normal (in the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used.)

#### **Heart Surgery**

“Heart Surgery” means coronary by-pass surgery, aorta surgery, transmyocardial laser revascularization, cardiomyoplasty, or replacement of one or more heart valves performed at a Hospital by a Physician.

#### **Kidney Failure**

“Kidney Failure” means the diagnosis of complete and permanent failure of both kidneys requiring regular dialysis which is prescribed by a Physician.

**Multiple Sclerosis**

"Multiple Sclerosis" means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under the Group Policy, a Neurologist must make a definitive diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques. A Neurologist means a doctor of medicine certified by the American Board of Psychiatry and Neurology.

**Organ Transplant - Heart, Kidney, Liver, Lung, or Pancreas**

"Organ Transplant" means medically necessary replacement of your heart, kidney, liver, lung, or pancreas, at a Hospital by a Physician. The actual transplant operation must be performed.

**Paralysis or Dismemberment**

"Paralysis" means complete and irrecoverable loss of sensory and motor functions of two or more limbs which is diagnosed by a Physician. "Dismemberment" means the loss by actual and complete severance of two or more limbs. "Limb" means an entire hand or foot at or above the wrist or ankle.

**Severe Burns**

"Severe Burns" means third degree burns covering at least 20% of your body which are diagnosed by a Physician.

**Stroke**

"Stroke" means a sudden neurologic impairment of sensory and motor functions, due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage of a cerebral artery which results in permanent damage to the nervous system and is diagnosed by a Physician. **Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.**

**SECTION TWO BENEFIT****Stage A Prostate Cancer or Carcinoma In-Situ Benefit**

Combined agrees to pay the Covered Person, subject to the terms and limitations of this Certificate, a one time benefit shown in the Certificate Schedule for the diagnosis and treatment of Stage A Prostate Cancer or Carcinoma In-Situ occurring after the Waiting Period and while coverage under the Group Policy is in force. **This benefit is payable for only first condition diagnosed under this Section and will only be paid one time while coverage under the Group Policy is in force.**

"Carcinoma In-Situ" means a diagnosis of Cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

"Stage A Prostate Cancer" is histologically described as TNM Classification T1 or equivalent staging.

**Coverage under the Group Policy does not terminate upon the payment of a Section Two Benefit.** The benefit paid under this Section Two will reduce the Scheduled Benefit Amount paid under Section One.

**PAYABLE IN ADDITION TO OTHER INSURANCE**

Benefits provided by the Group Policy are payable in addition to those provided by any other insurance policy, except as provided in Uniform Provision (13).

**EXCLUSIONS**

The Group Policy will not pay for losses resulting from:

- (a) any intentionally self-inflicted injury or
- (b) Skin Cancer (except malignant melanoma).

## **ELIGIBILITY**

If Certificate Schedule specifies Insured coverage:

- (a) Eligible persons are limited to the Certificateholder; and
- (b) Eligible persons must be insurable in accordance with the Qualifying Statement on the Enrollment Form. Eligible persons must be 64 years of age or under as of the Enrollment Form Date.

If Certificate Schedule specifies Insured/[Spouse/Domestic/Civil Union Partner] coverage:

- (a) Eligible persons are limited to the Certificateholder and the Certificateholder's [Spouse/Domestic/Civil Union Partner]; and
- (b) Eligible persons must be insurable in accordance with the Qualifying Statement on the Enrollment Form. Eligible persons must be 64 years of age or under as of the Enrollment Form Date.

If Certificate Schedule specifies Single Parent coverage:

- (a) Eligible persons are limited to the Certificateholder and any of the Certificateholder's unmarried natural children or legally adopted children who are dependent on the Certificateholder for care and support and who are under the age of 26; and
- (b) Eligible persons must be insurable in accordance with the Qualifying Statement on the Enrollment Form. Eligible persons must be 64 years of age or under as of the Enrollment Form Date.

If Certificate Schedule specifies Family coverage:

- (a) Eligible persons are limited to the Certificateholder, the Certificateholder's [Spouse/Domestic/Civil Union Partner] and any of the Certificateholder's unmarried natural children or legally adopted children who are dependent on the Certificateholder for care and support and who are under the age of 26; and
- (b) Eligible persons must be insurable in accordance with the Qualifying Statement on the Enrollment Form. Eligible persons must be 64 years of age or under as of the Enrollment Form Date.

## **ADDITIONS OF FAMILY DEPENDENTS**

If Single Parent or Family coverage is elected under the Certificate, a newborn child is covered at birth and an adopted child is covered from the moment of placement for adoption. Other persons becoming eligible may be added upon approval by Combined of proof of eligibility. The effective date and issue date for new dependents will be the date of addition to the Certificate.

## **TERMINATION OF CERTIFICATEHOLDER COVERAGE**

If the Certificateholder receives a Section One Benefit, the Certificateholder's coverage shall terminate. If the Certificateholder's [Spouse/Domestic/Civil Union Partner] and/or children are covered at that time, coverage for the [Spouse/Domestic/Civil Union Partner] and/or child(ren) will continue provided the respective premiums for the applicable coverage's continue to be paid until otherwise terminated according to the terms of the certificate.

## **TERMINATION OF DEPENDENT COVERAGE**

- (a) Coverage of dependents other than the Certificateholder's [Spouse/Domestic/Civil Union Partner] will cease on the premium due date following their attainment of age 26 or marriage, whichever occurs first. Termination shall not affect any claim that starts while the Certificate was in force.
- (b) Attainment of age 26 will not terminate coverage of any child who is incapable of self-sustaining employment because of mental retardation or physical handicap and who is dependent upon the Certificateholder for care and support.
- (c) Coverage for any child in the Certificateholder's custody pursuant to a petition of adoption will terminate upon the dismissal or denial of the petition for adoption. Termination will not affect any claim that starts while the certificate was in force.
- (d) If the [Spouse/Domestic/Civil Union Partner] receives a Section One Benefit, the [Spouse/Domestic/Civil Union Partner]'s coverage shall terminate.
- (e) If a child receives a Section One Benefit, that child's coverage shall terminate.

## **CERTIFICATE TERMINATION**

All coverage under this Certificate will terminate on the premium due date immediately following the earlier of:

- (a) the date a required premium is not paid, subject to the Grace Period provision; or
- (b) the date the Group Policy is terminated.

## **UNIFORM PROVISIONS**

**(1) TIME LIMIT ON CERTAIN DEFENSES:**

**(a) Misstatements in the Enrollment Form:**

After two years from the Certificate Effective Date no misstatements, except fraudulent misstatements, made by the applicant in the Enrollment Form for such Certificate shall be used to void the Certificate or deny a claim for loss incurred or disability( as defined in the Certificate) commencing after the expiration of such (2) two year period.

**(b) Pre-Existing Conditions:**

No claim for loss incurred or disability that starts after two years from the Certificate Effective Date will be reduced or denied because a sickness or physical condition not excluded by name or specific description before the date of loss had existed before the Certificate Effective Date.

**(2) GRACE PERIOD:** This Certificate has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the immediately following 31 days. During the grace period, coverage under the Certificate will stay in force.

**(3) REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, the Certificate will lapse. Later acceptance of the premium by Combined (or by an agent authorized to accept payment) without requiring an Enrollment Form for reinstatement will reinstate this Certificate.

If Combined or its agent requires an Enrollment Form, the Certificateholder will be given a conditional receipt for the premium. If the Enrollment Form is approved, the Certificate will be reinstated as of the approval date.

The reinstated Certificate will cover only loss that results from cancer that starts more than 10 days after such date. In all other respects the rights of the Certificateholder and Combined will remain the same, subject to any provisions noted on or attached to the reinstated Certificate.

Any premiums Combined accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 days before the reinstatement date.

**(4) NOTICE OF CLAIM:** Written notice of claim must be given within 30 days after a Covered Loss starts or as soon as reasonably possible. The notice can be given to Combined at its Home Office, Chicago, Illinois or to Combined's agent. Notice should include the name of the Certificateholder and the Certificate Number.

**(5) CLAIM FORMS:** When Combined receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Combined a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

**(6) PROOFS OF LOSS:** If the Certificate provides for periodic payment for a continuing loss, written due proof of loss must be given to Combined within 90 days after the end of each period for which Combined is liable. For any other loss, written due proof must be given within 90 days after such loss.

If it was not reasonably possible to give written due proof in the time required, Combined shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the due proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

**(7) TIME OF PAYMENT OF CLAIMS:** Benefits for any loss will be paid immediately upon Combined's receipt of written due proof of loss.



- (8) **PAYMENT OF CLAIMS:** Benefits will be paid to the Certificateholder. Any benefits unpaid at death of the Certificateholder may be paid, at Combined's option, either to the Certificateholder's beneficiary or estate.
- (9) **PHYSICAL EXAMINATIONS:** Combined at its expense has the right to have the Covered Person examined as often as reasonably necessary while a claim is pending.
- (10) **LEGAL ACTIONS:** No legal action may be brought to recover on this Certificate within 60 days after written proof of loss has been given as required by this Certificate. No such action may be brought after 3 years from the time written proof of loss is required to be given.
- (11) **CONFORMITY WITH STATE STATUTES:** Any provision of this Certificate which, on its effective date, is in conflict with the laws of the state in which the Certificateholder resides on that date is amended to conform to the minimum requirements of such laws.
- (12) **MISSTATEMENT OF AGE:** If a Covered Person's age has been misstated, the benefits will be those the premium paid would have purchased at the correct age.
- (13) **OTHER INSURANCE WITH COMBINED:** If a Covered Person is covered under more than one Cancer Certificate or policy issued by Combined, only one Certificate or policy chosen by the Covered Person will be effective at any one time. Combined will refund all premiums paid for all the other such cancer Certificate or policy.
- (14) **CHANGE OF BENEFICIARY:** The Certificateholder can change the beneficiary at any time by giving Combined written notice. Unless irrevocably designated, the beneficiary's consent is not required.

### **GENERAL PROVISIONS**

- (1) **Term:** This Certificate is issued for the term shown in the Enrollment Form. It becomes effective on the Certificate Effective Date, at 12:01 A.M., Standard Time, at the place where Certificateholder resides.
- (2) This Certificate is issued in consideration of the premium and the Qualifying Statement in the Enrollment Form. If payment of the initial premium is made by check or draft not honored the Certificate shall be void.
- (3) In the event of the death of the Certificateholder, the Certificateholder's [Spouse/Domestic/Civil Union Partner], if covered under the Certificate, will become the Certificateholder.
- (4) Combined may change the premiums rates after notifying the Policyholder at least 30 days in advance.

This Certificate is issued by **COMBINED INSURANCE COMPANY OF AMERICA**. It shall not be binding on Combined unless a copy of the Enrollment Form has been countersigned by our authorized agent.

**LIMITED BENEFIT HEALTH INSURANCE COVERAGE  
SPECIFIED CRITICAL CONDITION CERTIFICATE**



**Combined Insurance Company of America**

A Legal Reserve Stock Corporation  
(herein called Combined, We, Our or Us)

Home Office: [111 East Wacker • Suite 700 • Chicago, Illinois 60601

]

Policyholder Service Center: [ P. O. Box 1160 • Glenview, IL 60025-8160  
1-800-544-9382 ]

SERFF Tracking Number:	CMPL-127128502	State:	Arkansas
Filing Company:	Combined Insurance Company of America	State Tracking Number:	48509
Company Tracking Number:	CICA DILLARDS CRIT COND REV CERT		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	CICA Dillards Crit Cond Rev Cert		
Project Name/Number:	CICA Dillards Crit Cond Rev Cert /CICA Dillards Crit Cond Rev Cert		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	04/19/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR readability 4-15.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	04/19/2011
<b>Comments:</b>		
Application was approved under CMPL-127031623		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Authorization Letter	Approved-Closed	04/19/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Authorization-LTR-rev021011.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Statement of Variables	Approved-Closed	04/19/2011
<b>Comments:</b>		
<b>Attachment:</b>		
SOV Critical Care-cert 4-15'.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Certif of Compliance with Rule 19	Approved-Closed	04/19/2011
<b>Comments:</b>		

<i>SERFF Tracking Number:</i>	<i>CMPL-127128502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48509</i>
<i>Company Tracking Number:</i>	<i>CICA DILLARDS CRIT COND REV CERT</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>CICA Dillards Crit Cond Rev Cert</i>		
<i>Project Name/Number:</i>	<i>CICA Dillards Crit Cond Rev Cert /CICA Dillards Crit Cond Rev Cert</i>		

**Attachment:**

COC AR.pdf

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	04/19/2011
<b>Comments:</b>			
<b>Attachment:</b>			
revised cert letter ar.pdf			

## READABILITY CERTIFICATION

**Combined Insurance Company of America**

**NAIC # 626-62146 • FEIN # 36-2136262**

**Single Case Filing for Dillard's Department Stores**

This is to certify that the form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

<b>Form Number</b>	<b>Description</b>	<b><u>SCORE</u></b>
C16636	Certificate	42

Assistant  
Combined

Michael J. Hallar  
S  
a



February 10, 2011

NAIC Company Code: 626-62146

Re: Group Specified Critical Condition Forms  
P16636 Policy  
C16636 Certificate  
MA16636 Master Application  
164020 Enrollment Form

To: All State Insurance Departments

Combined Insurance Company of America hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and to negotiate with insurance departments for their approval.

Sincerely,

Michael J. Hollar, FLMI, HIA, AIRC, LTCP  
Assistant Secretary/Manager Policy Filings  
Combined Insurance Company of America

Michael J. Hollar - Assistant Secretary and Director of Product Filings/Government Relations  
847-953-1531 Fax # 847-953-1557 Toll Free 888-449-3623 E-Mail: [Michael.Hollar@combined.com](mailto:Michael.Hollar@combined.com)

Combined Insurance Company of America  
Phone: 847.953.1000

1000 Milwaukee Avenue, Glenview, Illinois 60025  
[www.combinedinsurance.com](http://www.combinedinsurance.com)

## Combined Insurance Company of America

### VARIABILITY MEMORANDUM

#### Certificate Form C16636

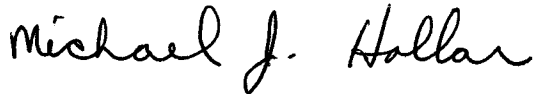
Company Address	Bracketed address to alleviate a future filing of these forms if the company address changes.
Certificate Schedule Policyholder	Bracketed to allow for other clients to use this policy to alleviate a future filing.
Certificate Schedule Certificateholder	Bracketed to allow for individual certificate holders.
Certificate Group Policy No:	Bracketed to allow for this certificate to be used with other possible policy forms to alleviate a future filing.
Certificate Schedule Certificate Effective Date	Bracketed to allow for a unique date for each Certificateholder.
Certificate Schedule Certificate Number	Bracketed to allow for a unique identification number for each Certificateholder.
Certificate Schedule Insured or Insured/Spouse/Domestic/Civil Union Partner	An option the Certificateholder has at time of application. Bracketing alleviates any future filings depending on the coverage selected by the Certificateholder.
Form 194047 – Pre-Existing Condition Waiver	Bracketed as an optional benefit for those with existing coverage wanting to waive any pre-existing conditions.
Section One – Scheduled Benefit Amount	Certificateholder - \$10,000 to \$100,000 increments of \$5,000. Spouse/Domestic/Civil Union Partner - limited to the same amount as the Insured purchased. Child - flat \$10,000 for each listed qualified child.
Section Two – Benefit Amount	Flat 25% of Section One Schedule Benefit amount
Spouse/Domestic/Civil Union Partner	Bracketed to allow coverage for legal partners

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: **Combined Insurance Company of America**

Form  
Number(s) C16636 Certificate  
:

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Michael J. Hollar, FLMI, HIA, AIRC, LTCP  
Assistant Secretary/Manager Policy Filings  
Combined Insurance Company of America

4-15-2011

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Date





10921 REED HARTMAN HIGHWAY, SUITE 334  
CINCINNATI, OHIO 45242  
(Tel) 513.984.6050  
(Fax) 513.984.7212  
[www.dsimon@crssolutionsgroup.com](mailto:www.dsimon@crssolutionsgroup.com)

April 15, 2011

Arkansas Insurance Department

Combined Insurance Company of America  
NAIC # 626-62146 FEIN # 36-2136262

**Single Case Filing**  
Group Specified Critical Condition Certificate, Form C16636

Dear Commissioner:

Compliance Research Services is pleased to submit the enclosed forms on behalf of Combined Insurance Company of America (Combined). A letter of filing authorization is enclosed.

This is a re-submission of a group insurance certificate recently approved by your Department. It was approved on a single case basis under SERFF CMPL-127064995 on 03/24/2011. Coverage will be offered to employees of Dillard's department stores who reside in your state. Dillard's is incorporated in Arkansas.

Since receiving the approval it has come to our attention that that the certificate did not include two definitions that should be included. We ask that you consider the attached version of the form in its place. The corrected version includes definitions of "Severe Burns" and "Stroke" in the Section One Benefits description on page 7. No other changes have been made.

The original certificate has not been issued and we ask your approval of the attached revised version with no change in form number.

The form is new and is not intended to replace any forms currently on file with your Department. The form is designed to meet the minimum Flesch score requirements of your state. A certificate of readability is enclosed.

We have enclosed any transmittals and certifications required by your state.

If you have any questions concerning this filing, please contact me at the phone number or email address shown below.

Sincerely,

J. David Simon, CLU  
President